

The Sydney Children's Hospitals Network (Randwick & Westmead)	
Date	Wednesday, 3 October 2018
Time	8.30am to 11.30am
Location	Boardroom, Level 4, The Children's Hospital at Westmead
Membership	<p>SCHN Board members Professor Christine Bennett AO (Chair) Professor Louise Baur AM Dr Abby Bloom Ms Joanna Capon OAM Mr Jack Ford Ms Renata Kaldor AO Mr Bruce MacDiarmid Mr David Nott Professor Kim Oates AM Dr Robyn Shields AM Professor Donna Waters Mr Jeremy Wright Professor Les White AM</p> <p>Ex officio invitees Dr Michael Brydon Chief Executive, SCHN Dr John Lawson (MSC SCH Representative) Dr Kathryn Carmo (MSC CHW Chair) Dr Mary McCaskill (Executive Medical Director, SCHN) Mr Brian Jackson (Director of Finance and Corporate Services, SCHN) Dr Matthew O'Meara (NSW Chief Paediatrician)</p> <p>In attendance Mr Duncan Makeig (Board Chair, Sydney Children's Hospital Foundation) Dr Glen Farrow, Director of Clinical Governance Mr Mick Reid, Consultant – SCHN Cardiac Services Planning Ms Kate Hurle, Acting Manager Executive Services (Board Secretariat)</p>
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Minutes
Sydney Children's Hospitals Network Board Meeting
3 October 2018

ITEM	By Exception *	DESCRIPTION	RESPONSIBILITY	PAGE NO.	TIME	ACTION REQUIRED
1		Administrative Matters			5 min	For noting
1.1		Welcome and Attendance	Chair	-		
		<p>Members</p> <p>Mr David Nott (Acting Chair), Professor Louise Baur AM, Dr Abby Bloom, Mr Jack Ford, Ms Renata Kaldor, Professor Donna Waters, Mr Jeremy Wright Professor Les White AM,</p> <p>Ex officio invitees</p> <p>Dr Michael Brydon, Dr Kathryn Carmo, Mr Brian Jackson, Dr Matthew O'Meara, Dr Chris Webber</p> <p>In attendance</p> <p>Mr Duncan Makeig (via teleconference), Mr Mick Reid, Consultant – SCHN Cardiac Services Planning (Item 5.1 and 5.2), Dr Glen Farrow, Director of Clinical Governance (Item 4.1)</p>				
1.2		Apologies	Chair	-		
		<p>Professor Christine Bennett AO, Professor Kim Oates AM, Dr John Lawson, Dr Mary McCaskill Dr Robyn Shields, Mrs Joanne Capon, Mr Bruce MacDiarmid</p>				
1.3		Declaration of Conflicts of Interest	Chair	-		
		<p>No conflicts were declared</p>				
1.4		<p>Agenda Items 5.1 and 5.2 were presented at the commencement of the meeting</p>				
2		Minutes and Action Items				
2.1		Review of Minutes of meeting held on 5 September 2018	Chair	1-6	5 min	
		<p>The minutes of the meeting held 5 September 2018 were approved.</p> <p>Mr Nott proposed to the Board that in future, the minutes will be circulated in advance of the meeting papers to allow for any discussion to be finalised prior to the next meeting. This was agreed.</p>				
2.2		Matters Arising from Previous Meeting				
		2.2.1 Review of Action Table	Chair	7	5 min	For noting
		<p>All actions arising from the previous meeting have been actioned as per the agenda.</p>				
3		Work Health and Safety Reporting				
3.1		Safety Pause	Chief Executive		5 min	For discussion
		<p>The Chief Executive introduced the concept of a "safety pause", which is a brief break in the scheduled agenda items to allow members to raise matters or questions related to Work Health and Safety to ensure that this vital area receives its due attention. It was agreed that this be trialed for the next 3 meetings to consider if it adds value.</p> <p>It was noted that managing allegations of bullying is an area that needs to be given high priority by management and where the Board needs to be assured that this is well managed.</p>				
		<p>The recently conducted People Matter survey identified that 16% of surveyed staff reported</p>				

experiencing bullying. This figure is similar to the previous survey; however the data reflects a higher proportion of occurrences where the instigator is a colleague rather than a manager.

The Network's current responses to bullying allegations were considered, with acknowledgement that some allegations of this nature are inevitable in a large organisation, with the method of response the key factor. It was acknowledged that the complexity of matters can lead to extended timeframes for some to be resolved but efforts are being made to shorten the time to resolution whenever possible.

Discussion reflected that the training session for managers on responding to bullying was of a very high quality, with one director noting it to be some of the best non-clinical training that she has undertaken.

It was noted that the Network's action plan based on the feedback from the People Matter survey, including the bullying issue, will seek to strengthen the management response of these concerns. It was noted also that the training Colleges are similarly seeking to invest in this area.

3.2 Work Health and Safety (monthly report) Chief Executive

The provided report was noted. Dr Brydon advised that a reportable incident occurred post this reporting period involving the exposure of a nurse to a chemotherapy agent; this will appear in the report to the November meeting.

4 Strategic Priority in Focus

4.1 Quality and Safety

4.1.1 Patient Story DCG

The provided Patient Story was noted.

4.1.2 Quality Account 2018 DCG

Dr Glen Farrow, Director of Clinical Governance and Medical Administration was welcomed to the meeting to present the draft 2018 Quality Account.

It was noted that the Account is currently in draft and that there will be further consultation with the Family and Consumer Council and Clinical Council before submission to NSW Health occurs.

Dr Farrow outlined the context of the Quality Account, noting that this is the second year of this reporting format being required by NSW Health from all Local Health Districts and Specialty Networks. In 2017 the distribution was limited to NSW Health however the longer-term plan is that these will become publically available.

Dr Farrow outlined the key aspects of the 2018 Quality account as well as progress against the 2017 plan.

The key achievements as outlined in the 2018 plan were summarised as follow:

- There is evidence of a continuing reduction in harm based on incident reporting
- Launch of the My Health app
- Completion of the Aboriginal Health Strategic Plan
- Progress on the Inclusion and Diversity Strategic Plan

Areas that require focus for improvement were noted as:

- Pressure areas
- Sepsis
- Medication errors
- Mental health (absconding patients of particular concern)

It was noted that Increasing strength in data analytics is allowing a better real time understanding of what is happening across the Network.

Clarification of the reference that medication errors are increasing; noting this appears to be at odds

with the implementation of electronic medication management systems intended to prevent incidents. Clarification was provided by Dr Farrow that the vast majority of events that are reported as “medication incidents” relate to errors in prescription that are identified and corrected prior to administration to the patient. The reporting parameters require that “near misses” are reported as incidents; however these are largely demonstrating that the safety net provided by the systems is effective. Feedback to the prescribing clinician occurs immediately.

It was agreed that the wording of this aspect of the Quality Account needs to be reviewed from the perspective of a non clinical audience. It was also agreed that a recent reporting on the reduction of harm from medication errors since that introduction of the electronic medical management tool be distributed to the Board for additional context of progress in this area.

It was raised that the Quality Account does not include information on state-wide services such as NETS, noting that data on retrieval timeliness and maternal transfers are of relevance. Expanding the report in this way will be considered further after seeking advice from the MoH as the format is set at a state-level.

The provided data on Performance Reviews was noted as quite low; this has been included as it is a true reflection of an important area of organisational culture that needs attention.

Discussion also noted the richness of available data and the opportunity it provides to further underpin research excellence linked to quality and safety.

It was agreed that the draft Quality Account and supporting presentation will be circulated to the Board for any further feedback to be provided within a week. This will be incorporated with feedback from other key stakeholders.

Action: *Subject to there being no substantial changes to the draft reviewed, the Board endorsed the submission of the 2018 Quality Account under the approval of the Chief Executive.*

4.2 Audit and Risk

4.2.2 Report from the Audit and Risk Committee Deputy Chair 17-31 15 min

The provided report was noted. The apologies of Ms Dianne Hill, Chair of the Audit and Risk Committee were noted and Mr Nott spoke to the report on Ms Hill’s behalf.

It was noted that the SCHN Financial Accounts have been confirmed. The previously raised issue of the valuation has been resolved; a re-valuation will need to occur in the coming year.

The detailed Risk Management report was reviewed and it was noted that internal processes surrounding risk management are continuing to mature. The Network has been identified as an advanced site for a revised reporting process with the Ministry of Health which will strengthen the feedback loop considerably.

It was noted that the new Internal Audit Executive position is due to commence in mid-November.

The sustained positive work from the Audit and Risk team was acknowledged and the Board expressed congratulations on the positive progress.

5 Matters for Discussion/Approval

5.1 Confirmation of SCHN Strategy: “The Sydney Way” Chief Executive 10 min For discussion and approval 32-33

Dr Brydon spoke to the background leading to the establishment of the network in the context of the Garling review. The decisions made at the time considered a range of options include a single site option.

Dr Brydon outlined to the Board a refresh of the founding principles of the vision and direction of the Network. This was based on the mandate of the NSW Health and the government that the Network is the best structure and way forward.

The concept of the "Sydney Way for Kids" was outlined, which reinforces the founding principle of the Network, with the tertiary and integrated services delivered across both hospital sites. It is acknowledged that there are some highly specialised services that are and will continue to be delivered at one site only. The partnerships of the Network with others such as John Hunter Children's Hospital and Canberra Hospital were also acknowledged.

There have been some exceptional outcomes reached by the network already, such as the ability to identify the SMA through newborn screening followed up by a genetic intervention, a collaboration of both sites.

Dr Brydon asked that the Board take this concept on notice and provide initial thoughts. It was noted that the Executive, Clinical Council and the Family Advisory have been engaged in the development of the concept to date and that it will be also taken forward to the MSC's and Program Directors.

R Kaldor noted, that as a Board member who was involved throughout the establishment of the Network, there was significant and serious consideration given to establish this as the best way forward and there has been significant progress since that time.

Other opinions were discussed and noted.

It was agreed that the presentation document be distributed and that comments will be collated and shared between members to finalise the overarching strategic direction.

Action: Board members to give feedback to Dr Brydon and further consideration to be discussed at the next meeting.

**5.2 Cardiac Planning Steering Committee Deputy Chair /
Report Chief Executive /
M Reid**

Mr Mick Reid was welcomed to the meeting. Mr Reid has been engaged via NSW Health on behalf of MoH and SCHN to facilitate an in-depth report relating to cardiac services planning for the Network to deliver a single service across the two sites. A hardcopy of the full report was tabled.

Mr Reid outlined in detail the process undertaken, including stakeholder engagement and consultation. The data analysis undertaken was outlined, including the volume of surgery undertaken at each site over time and the growth in interventional cardiology.

- Mr Reid presented the findings of the Cardiac Planning Steering Committee, noting the key points including exploring barriers to the implementation,
- analysis of divergent views,
- and recommended actions.

Extensive discussion followed considering the various risks associated with the next stage implementation including continued divergence of views about the Network model and how future changes in technology and research may impact the way cardiac services are delivered.

The Ministry of Health's role in the review was outlined, noting that a senior Ministry representation was a member of the Steering Committee, providing a state-wide perspective throughout the process.

The Board expressed their appreciation to Mr Reid and the Steering Committee and Working groups

for the time and dedication given to this process.

Dr Brydon outlined the next steps as the process moves from the diagnostic to implementation phase, noting that this phase is anticipated to take at least 12 months:

- Establishment of the Cardiac Services Implementation Steering Committee, including finalization of Terms of Reference. It was agreed that these will be circulated for information of the Board
- An implementation strategy and interim report will be provided to the December 2018 Board meeting.
- A quarterly progress report will be provided to the Board, with additional reporting to occur should any matter arise that may impact the plan progressing.
- Financial impacts will be addressed through the established budget process.

The Board noted support for management actioning the Stage 3 of the process as outlined by the CE.

It was agreed that a letter of thanks be sent to all staff involved in the Cardiac Services Steering Committee on the Board's behalf from the Acting Chair and CE.

5.3 Patient Care Capacity Chief Executive

The provided report was noted. Dr Brydon advised that capacity and access issues for the Emergency Departments, particularly at CHW, are the area of primary concern. There have been a number of strategies trialed to address this but to date impact has been limited. It has been determined to bring forward some of the staffing increases that were planned to come into effect at the time of the opening of the new Acute Services Building (2020) to 2019.

It was acknowledged that patient flow through the Emergency Department is impacted by wider factors in addition to staffing and that the improved physical space of the Emergency Department will support better flow in the new building. The addition of new short stay beds will significantly improve admission processes.

It was queried whether flows to the CHW Emergency Department were expected to increase as a side effect of opening the new facility, noting that there is already a tendency for local facilities to be bypassed by families who prefer to access services at the specialised Children's Hospital. Dr Brydon advised that this was a factor under consideration. Some mitigation is likely by investment in other facilities such as Blacktown, Nepean and Campbelltown Hospitals.

5.4 Capital Works Update Deputy Chair / Chief Executive

The provided report was noted.

The key focus remains securing approval for Stage 1 planning for the SCH emergency Department. The Chief Executive advised that a number of advocacy meetings have occurred and that overall representations have been well received.

Discussions regarding a Comprehensive Children's Cancer Centre have also been ongoing, with a meeting scheduled with key stakeholders for later in the day to ensure a coordinated approach.

5.5 2018 People Matters Survey Results Chief Executive 38-40 10 min For noting

The summary brief was noted. Discussion noted that the response rate of 38% is of statistical significance and provides valuable insight. The increase in responses as compared with the previous year was acknowledged.

It was agreed that the Associate Director, Organisational Development and Workforce Strategy be invited to attend the November meeting to provide a detailed review of the data and the action plan, with the following points taken on notice to be addressed:

- How does SCHN's response rate and overall performance compare to other entities
- Is there a selection bias evident in the types of staff that are completing the survey that needs to be considered

Action: The Associate Director, Organisational Development and Workforce Strategy Manager be

invited to attend the November meeting to provide a detailed review of the data and the action plan.

6 Standing Reports

6.1 Chair's Report Chair

The Acting Chair advised that he had no further matters to bring forward.

6.2 Chief Executive's Report Chief Executive

The provided report was noted. Dr Brydon highlighted the following for the Board's attention:

- SCHN Management is working collaboratively with the CHW Anaesthetics Staff Specialists, as well Ministry of Health in regards to their concerns, however there are limitations as to what remedies can be made within the award.
- Nursing recruitment strategies continue at both hospitals
- Refugee health matters have again been a focus, with the CHW Medical Staff Council leading a process of engagement with other hospitals to take a whole of health approach in NSW to appropriate placing patients transferred for care. Children's Hospitals Australasia has also engaged to assist with a coordinated response.
- Negotiations continue with the Ministry of Health regarding activity and funding. This continues as an area of pressure for SCHN.
- Recent investment in capacity building in quality improvement has been rewarded with SCHN having the second highest number of finalists named in the 2018 Health Awards.

6.3 SCHN Performance Report Chief Executive 49-53 5 min For noting - August 2018

Mr Brian Jackson spoke to the provided report, noting that activity remains the key area of focus. There is every indication that activity will remain high.

The method of reporting variation was queried, noting that the report reflects the percentage points changed rather than the percentage change. It was agreed that the way in which this is reflected will be reviewed; however it is likely that the report is standardised to Ministry of Health requirements.

The Emergency Department performance was discussed and it was agreed that, given the ongoing performance in this area, that more detailed information on the contributing factors and strategies for improvement will be provided.

Action: Additional information on factors contributing to Emergency Department performance and strategies to address to be provided at the November meeting

6.4 Foundation Update Chief Executive/ Chair SCHF

The Acting Chair and Chief Executive advised that there were no further matters to bring forward.

7 Sub-Committee Reports

7.1 Finance and Performance Director Finance and Performance Committee

7.1.1 Director's Report

September 2018

7.1.2 Endorsed Minutes

August 2018

The provided report was noted.

7.2 Health Care Quality Committee Chair HCQC

7.2.1 Director's Report

September 2018

7.2.2 Endorsed Minutes

August 2018

Prof Donna Waters advised that the incorrect HCQC minutes had been provided.

Action: The minutes of both August and September HCQC meetings to be provided at the November Board meeting.

7.3 Medical and Dental Appointments Advisory Committee Chief Executive

7.3.1 Director's Report

September 2018

The provided report was noted.

7.4 Capital Works Sub Committee Chair CWSC

Refer Agenda Item 5.4

7.5 Clinical Council Executive Medical Director

7.5.1 Director's Report

August 2018

The provided report was noted. The positive work occurring within this multi-disciplinary group was noted.

7.6 Audit and Risk Committee Deputy Chair

7.6.1 Endorsed Minutes

The provided minutes was noted.

8 Correspondence Received

8.1 Nil Correspondence Chair

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9 Non Executive Directors Session

9.1 A Non Executive Directors Session

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A non-Executive Directors session was held.

10 Next meeting

Location	Time and date	Strategic Focus Area
Level 9, Boardroom	8.30am	November
The Bright Alliance	Wednesday, 7	Annual Public Meeting
Sydney Children's Hospital, Randwick	November 2018	